



# City of Richmond

## **Bank Draft Cancellation**

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Acct# \_\_\_\_\_

Bank Name \_\_\_\_\_

Acct# \_\_\_\_\_

I authorize the City of Richmond to cancel the automatic bank draft on account indicated above. All written request to terminate automatic bank draft must be received at least five days before the account is charged. Authorization for cancellation received after bank draft due date and returned by assigned bank will be charged a \$30.00 return direct draft fee plus amount of return item.

Signature \_\_\_\_\_

Customer Service Representative: \_\_\_\_\_

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*Office Use Only*

Entered Date \_\_\_\_\_

ABA# \_\_\_\_\_

Terminated Date \_\_\_\_\_